

NOV. 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1008

36047

Do not use this space.

9624

Registered No.

1. PLACE OF DEATH

(a) County.....

Registration District No. 1

(b) Township.....

Primary Registration District No.

(c) City..... Saint Louis

(d) Street No. City Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U.S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

Walter Diehm

(a) Residence, No. 7936 Gannon

St.

RE

St. City Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Alice Fisher Diehm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8th, 1883

7. AGE

YEARS

54

MONTHS

8

DAYS

7

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

Lawyer

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Saint Louis
Missouri

FATHER

13. NAME Ferdinand Diehm

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME Regina Steigerwald

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT Mr. George B. Fisher,
(ADDRESS) 5574 Chamberlain

18. BURIAL, CREMATION, OR REMOVAL

PLACE Missouri Crematory DATE Oct. 16, 1937

19. FUNERAL DIRECTOR Craig Undertaking Co.,
(ADDRESS) 4468 Washington Blvd.

20. FILED

OCT 16 1937

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on

19

Death is said

to have occurred on the date stated above, at 1:03 P. m.

The principal cause of death and related causes of importance were as follows:

Gun shot Wound of right side
of head, self inflicted, in his
office, Room #1510 Bell
Telephone Bldg, Oct 15 1937
about 11:15 AM

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Suicide Date of injury 10/15, 1937

Where did injury occur?

St. Louis Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, PHILIP M. CRAIG, Licensed Embalmer No. 3281

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Philip M. Craig

Licensed Embalmer No. 3281

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)